



**100 CLUB OF ARIZONA
OFFICER/FIREFIGHTER
LINE OF DUTY or ON DUTY INJURY BENEFIT REQUEST**

INITIAL BENEFIT REQUEST (#1)

Date of Incident: _____ Line of Duty? YES/NO ON Duty? YES/NO Today's Date: _____

Name of Injured: _____ Email: _____

Department/Agency: _____ Title/Position: _____

Years of Service: _____ Birth Date: _____ Is injured a full-time paid employee? YES/NO

While on medical leave, does the injured receive ONLY pay from Workman's Comp or does your agency or City make his or her paycheck whole? _____

If receiving only a portion of regular check, what is the injured person's gross salary? _____

Is employee required to use his/her own sick leave or vacation leave in order to receive a full check? _____

Beneficiary Name (Spouse/Parent): _____ Email: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Make Benefit Check To: _____ Relationship to Injured: _____

How many dependents: (other than spouse) _____ Ages: _____

In hospital: YES/NO ICU: YES/NO Estimated hospital stay: _____ Estimated time off work: _____

Has injured officer/firefighter worked any hours since injury, full duty or light duty? _____

Describe incident and injuries: (Submit copy of Department Incident Report or Industrial Claim with request)

Information Provided By (MUST BE FIRST LEVEL SUPERVISOR or H/R SUPERVISOR)

Print Name: _____ Title: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

Department/Agency: _____ Email: _____

Address: _____ City: _____ St: _____ ZIP: _____

Agency or Department Chief's Name (Please Print): _____

Chief's mailing address (Please Print): _____

Your signature: _____ Date: _____

Second Level Supervisor

Print Name: _____ Title: _____

Signature: _____ Date: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

FAX TO: 100 Club (602) 242-1715 To verify the 100 Club has received this fax, call 602-485-0100

.....
(To be completed by authorized 100 Club personnel)

Verified: _____ Date: _____ Data ID: _____ PDF: _____ Excel: _____

Approved: _____ Date: _____ Check#: _____ ENTD _____ Amount: _____